EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS D. Did you, your spouse, or your dependent child have any reportable liebility (more than \$10,000) at eny point during the reporting period? FINANCIAL DISCLOSURE STATEMENT **EXEMPTION** Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. TRUSTS - Details regerding "Quelified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Name: UNITED STATES HOUSE OF REPRESENTATIVES C. Did you or your spouse heve "earned" income (e.g., salaries. A. Did you, your spouse, or your dependent child: reporting pariod? honorana, or pension/IRA distributions) of \$200 or more during the FILER STATUS a. Own any raportable asset that was worth more than \$1,000 at the end of the reporting period? or Receive more than \$200 in ungarned income from any reportable. assat during the reporting period? Eddie Awards U.S. House of Representetives New Officer or Employee Employing Office Cendidetes - Date of Election: New Member of or Candidete for THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" State: __ District: Staff Filer Type (If Applicable): Shared × s Yes No Daytime Telephone For New Members, Candidates, and New Employees Principal Assistant 3 20 J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? F. Did you heva any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? E. Did you hold any reportable positions during the reporting period or in the current calandar year up through the date of filing? FORM Period Coverad: January 1, 2018 to APC 1 30, 2518 Check if Amendmant LEGISLATIVE RESOURCE CENTE: (Office Use Only) ¥88 ×es × **¥** ¥88 ¥**9**5 Z. Ž.

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U.S. HOUSE OF REPRESENTATIVES

A \$200 penalty shell be assessed egainst eny individual who files more than 30 days late.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Eddie Edwards

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Examples Smarle Schaller The Search & Schaller ABC Hoope Find X The Search & The Deches, W. The Schwilde Inv	For bank and other cash accounts, total the amount in ell interest-bearing accounts. If the total is over \$5,000, its every financial institution where there is more then \$1,000 in interest-bearing accounts. For rental and other roel properly held for investment provide a complete address or description, e.g., rental property, and a cry and state. For en ownership interest in a privately-held business that is not publicly traded, state the name of the business; the nature of its ectivities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation hemes (unless there was rental income during the reporting period), and any financial interest in, or income derived from, a federal retirement program, including the Fhritt Sevings Pien. If you report a privately traded fund that is an Excepted Investment Fund, please check the "Elifbox." If you so choose, you may indicete that en esset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a defailed discussion of Schedule A requirements, please refor to the instruction bookiest.	For all IRAs and other relirement plans (such as 401(k) plens) provide the value for each asset held in the account that exceeds the reporting thresholds.	identify (a) each asset held for investment or production of income and with a feir market value exceeding \$1,000 at the end of the reporting period, and (t) any other reportation asset or source of income which generated more han \$200 in 'unearned' income during the year. Provide complete nemes of stocks and mulvel funds (do not use only ticker symbols)	Assets and/or Income Sources	BLOCK A
× × ×	Nome > \$1-\$1,000 ∞ \$1-\$1,000 ∞ \$15,001-\$15,000 ○ \$15,001-\$100-600 □ \$50,001-\$100-600 □ \$190,001-\$25,000 □ \$250,001-\$50,000 □ \$1,000,001-\$1,000,000 □ \$1,000,001-\$25,000,000 □ \$25,000,001-\$25,000,000 □ \$25,000,001-\$25,000,000 □ \$25,000,001-\$25,000,000 □ \$25,000,000 □ \$25,000,000 □ \$25,000,000 □ \$25,000,000 □		Indicate value of asser at close of the reporting period if you close a valueion method other then feir market value, pleeseld specify the method used. If an asset was sold owning the reporting period and is included to only because it generated income, the velue should be None: "Column M is for essets held by your spouse or dependent; third in which you have no interest.	Value of Asset	вгоск в
X Glyalles Patinersho income	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BUND TRUST TAX-DEFERRED Other Type of Income (Specify, e.g., Partnership Income or Farm Income)	į	Check all columns that apply. For accounts that generate travelvered income (such as 401(s), IPA, or 529 accounts), you may check the "Tax Cotened column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting portod.	Type of Income	вгосх с
× × × × × × × × × × × × × × × × × × ×	\$190,001.\$1,000.000	Current Year Preceding \	For assets for which you chacked "Tax-Deferred" in Black C, you may check the "None" column. For ell other essets indicate the category of income by checking the eppropriete box below. Dividends, interest, and capital gaths, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of income	BLOCK D
	\$50,001-\$100,000 \$\frac{3}{2}\$ \$100,001-\$1,000,000 \$\frac{3}{2}\$ \$1,000,001-\$5,000,000 \$\frac{3}{2}\$ Over \$5,000,000 \$\frac{3}{2}\$ Spouse/DC Income over \$1,000,000" \$\frac{3}{2}\$	Уваг	e' column. For eli olher Ividenda, interest, and d'in taxable accounts. no interest		

SP BARK, LLC P CLMFS, LLC P CLMFS, LLC P CLMFS, LLC P CLMFS, LLC	Assets and/or income Sources
* · · · · · * * * * * * * * * * * * * *	None \$1-\$1 000 \$1,001-\$15,000 \$1,001-\$15,000 \$15 001-\$100,000 \$100 001-\$250 000 \$250 001-\$1,000,000 \$500 001-\$1,000,000 \$500 001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000
	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of income (Specify e.g., Parlnership Income or Farm Income)
	None
×	\$1,000,001-\$5 000,000

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Eddie Edwards

SCHEDULE C - EARNED INCOME

Name: + Page 9

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. Saa examples below.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honorana, director's fees, and payments for

EXCLUDE: Military pay (such as National Guard or Reserve pay), fadaral retirament programs, and benefits received under the Social Security Act.

		mA	Amount
Source (include date of receipt for honorana)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Bultimore MD (July 15)	Honormum	\$0	\$500
EXAMPLES: One Was Roundtable (Oct. 2) Ontario County Board of Education	Spause Speedi Spause Salary	SG NVA	\$1,000 N:A
State of New Hampshire	Retivement	17,215	51,648
()	Sch C-Bus	750	31,075
(,	Sove Salm	N/A	NA
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SCHEDULE D - LIABILITIES

Name: Eddie Edwards Page 5 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances, liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. 'Column K is for liabilities held solely by your spouse or dependent child.

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POSITIONS		Gorham Savinas Bunk	First Bank of Wilmington, DE	Creditor		
	1 1		5/98	Date Liability incurred MO/YR	,	
		المر	Mongage on Rantal Property, Dover, DE	Type of Liability		
			ır, D€			
			or DE		`	
			or, DE	\$10,001- \$15,000 \$15,001- \$50,000	\$	
			or, DE	\$10,001- \$15,000 \$15,001-		
			sr, DE X	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001-	60	>
		X		\$10,001- \$15,000 \$15,001- \$50,000 \$50,000 \$100,000	G.	Amoun
		X		\$10,001- \$15,000 \$15,001- \$50,000 \$50,000 \$100,000- \$100,001- \$250,000	о О U	Amount of Li
		×		\$10,001- \$15,000 \$15,001- \$50,000 \$50,000 \$100,001- \$250,000 \$250,001- \$500,000	co Co U	Amount of Liability
		×		\$10,001- \$15,000 \$15,000 \$50,000 \$50,000 \$100,000 \$100,001- \$250,001- \$500,000 \$500,001- \$1,000,000	C) Li In	Amount of Liability
		X		\$10,001- \$15,000 \$15,000 \$50,000 \$50,000 \$100,000 \$100,001- \$250,000 \$250,001- \$500,000 \$1,000,000 \$1,000,000 \$5,000,001	G G	Amount of Liability
		×		\$10,001- \$15,000 \$15,001- \$50,000 \$50,000 \$100,001- \$250,000 \$250,001- \$1,000,000 \$1,000,000 \$5,000,000 \$5,000,000 \$5,000,000	G G	Amount of Liability

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partners proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business onterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political antities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting

period and the current calendar year. First-year candidate	period and the current calendar year. First-year candidates and new employees report positions there in the current calendar year allows years.
Position	Name of Organization
Board member	Parshryship to a Drus Free NH
reginal member	NH Chief of Police Association
raction proces	NH State Advisory Group on Juvenile Justice
Board member	Erister Stals-Velterans Count
Board member	Verbrans vouchers - Farmers Market
*	1

SCHEDULE F - AGREEMENTS

Name: EADIR GAWOVES

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employer. Identify the dete, perties to, and generel terms of eny egreement or errengement that you have with respect to: future employment; a leave of ebsence during the period of government service continuation or deferral of payments by a former or current employer other than the U.S. government or continuing participation in an employee welfare or benefit plan maintained by a former

1/2013 State of New + tampohire Betweenant - on-going	Date	Parties to Agreement	Terms of Agreement
	6/2013	State of New Hamschire	Exico-no-transvitad

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year end two prior years. This includes the names of clients end customers of eny corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more then \$5,000. Exclude: Peyments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example. Doe Jones & Smith, Hometown, Homestate	Accounting Services
La Belle Winery	Consulting Services / GOV'T Affairs
New Harroshive Graces Assx	c. Consulting Similars Gov'+ Affairs
Red Hook Brewery (CBA)	Consulting
Whiskey's 20	?
United Parcel Services	Σ

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			Advisory Board member - Children of the fallen Patriot	montor - Facuta leaders Fellowship NH	member- CBT National Academy Association	Nember - National Organization of Black law Enforcement Executive	Ambassador - SPARK NH	Sub-Connicted member-Carboso Valley Humane Society	NOTES